

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DAVID BROWNING

Name

(2) 3056 D Rd

Address (number and street)

Loxahatchee Groves, FL

City, State, Zip Code

33470

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: Town Council Seat 4

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

OFFICE USE ONLY  
RECEIVED  
DEC 09 2015

BY: V. Walton 11:08AM

## (5) Report Identifiers

Cover Period: From 11 / 01 / 15 To 11 / 30 / 15 Report Type: M11

☒ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

## (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 60 . 00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

## (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

## (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . \_\_\_\_\_

## (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 60 . 00

## (11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) SHARYN BROWNING

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

Sharyn Browning

Signature

(Type name) DAVID BROWNING

☒ Candidate ☐ Chairperson (only for PC and PTY)

David Browning

Signature

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DAVID BROWNING

(2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

(4) Page \_\_\_\_ of \_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/6/15	Town of Loxahatchee Groves	Filing Fee	DFC		60. <sup>00</sup>
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DAVID BROWNING (2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
11 / 2 / 15	BROWNING, DAVID 3056 D Rd Lexahatchee Grove FL 33470	S		LOA			100. <sup>00</sup>
____ / ____ / ____							
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**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying  
officer before opening the campaign account.**

RECEIVED  
NOV 02 2015

BY: R.W. 11:42am

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form      Re-filing to Change: ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last)

David Willis Browning

**3. Address** (include post office box or street, city, state, zip code)

3056 D Rd.  
Loxahatchee Groves, Fl.  
33470

**4. Telephone**

(561) 793-2193

**5. E-mail address**

bdave442@bellsouth.net

**6. Office sought** (include district, circuit, group number)

Town of Loxahatchee Groves.  
Council seat 4

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In    ☐ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Sharyn Browning

**11. Mailing Address**

3056 D Rd

**12. Telephone**

(561) 793-2193

**13. City**

Loxahatchee Groves

**14. County**

Palm Beach

**15. State**

Florida

**16. Zip Code**

33470

**17. E-mail address**

bsharyn442@bellsouth.net

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

WELLS FARGO

**20. Address**

11707 OKEECHOBEE BLVD.

**21. City**

ROYAL PALM BCH

**22. County**

PALM BEACH

**23. State**

FL

**24. Zip Code**

33411

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

Nov 2, 2015

**26. Signature of Candidate**

X David Browning

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, SHARYN BROWNING, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

Nov 2, 2015

Date

X Sharyn Browning  
Signature of Campaign Treasurer or Deputy Treasurer